Within corporate limit:

MARYLAND STATE DEPARTMENT OF HEALTH

01200

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (In this place) 49 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Pinto
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Leroy	(Middle) Parker	(Last) Albright	4. DATE OF DEATH	(Month) Feb. (Day) 4 (Year) 1952
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH June-16-1930	9. AGE last birthday 21 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cumberland Stock Yards	10b. KIND OF BUSINESS OR INDUSTRY Selling cattle	11. BIRTHPLACE (State or foreign country) Ridgely, W.Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Harry D. Albright	14. MOTHER'S MAIDEN NAME Mary E. Lease				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Memorial Hospital records.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pyelonephritis & secondary anemia due to an	4 yrs
962.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) abscess of the spinal cord with spastic paraplegia from 1st. lumbar down due to a spinal injury	9-3/46
	(c) General sepsis and cystitis.	5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19. DATE OF OPERATION 9-16-1946	20. PHYSICIAN'S OPERATION Laminectomy & drainage of abscess & fracture 3rd. lumbar ver.	21. AUTOPSY? Yes ☐ No ☐*
21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) Cumberland Stock Yards	(CITY OR TOWN) Triple Lakes, near Cresaptown (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 3/46 m.	INJURY OCCURRED While at work * ☐ Not while at work ☐	HOW DID INJURY OCCUR? Pulled off of a fence and stuck back on an elevator board

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident *, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D.	H. V. Deming M.D.	Cumberland, Md.	Feb. 7-1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	Feb. 6-1952	Pinto Mennonite	Pinto	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/6/51	Winter R. Frantz M.D.	John J. Hafer, Cumberland, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
FEB 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 011209

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loartown
LENGTH OF STAY (in this place) 1 Year 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Rural) Frostburg, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loartown (Rural) Frostburg, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Amy (Middle) (Last) Alexander

4. DATE OF DEATH: (Month) Feb, (Day) 15 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July, 18 1883

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mansfield

14. MOTHER'S MAIDEN NAME: Mary Kite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: James Alexander (SOn) Midland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Diabetic Coma	2 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Diabitis Mellitus	2 yrs
260X	(c) DUE TO Hypertensive Cardio Vascular disease	2 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hemypligia — 2 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12 1952, to Feb 15, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 9:05 Am., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Norman Reiner M.D Westernport Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Feb, 18, 1952

NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 2-17-52

REGISTRAR'S SIGNATURE Mrs. Nancy N Rice

24. FUNERAL DIRECTOR M. Eichhorn ADDRESS Lonaconing, Md.

RECEIVED
FEB. 20 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01202

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 184 N. Centre St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,

STREET ADDRESS (If rural, give location) 184 N. Centre St.,

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
ANNA	MARY	BARLEY	Feb. 26, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	1/6/1873	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Private Home	Bedford Co. Penna.	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Espy A. Lehman	Elizabeth McMahon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Frank H. Barley Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro-vascular Accident (Embolism)	2 days.
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis + Hypertension DUE TO	?
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage (4) ☜ Rt. side paralysis Dec 1951

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 12/30, 1951, to 2/26, 1952, that I last saw the deceased alive on 2/25, 1952, and that death occurred at 2:40 P.m., from the causes and on the date stated above.

SIGNATURE Samuel Duncan MD (DEGREE OR TITLE) 50 Baltimore St ADDRESS — DATE SIGNED 2/27/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/28/52	St. Patricks Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 27, 1952	Walter R. Frantz M.D.	Charles L. George	Cumberland, Md.

VS. A15 8-51

RECEIVED
MAR 4
BUREAU V. S.

Within corporate limit.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01203

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (In this place): 75 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital	STREET ADDRESS (If rural, give location): 211 Bedford Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Catherine		Barnett	Feb	29	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	May 4 1864	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	House	Shippingsburg, Penna	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Unknown	Mary Wurtzbacher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	John Barnett, Cumberland, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 420.0	(b) Pulmonary edema	?
	(c) Heart Disease – Arteriosclerotic	10 y.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized Arteriosclerosis	10 y.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 1, 1947, to Mar ..., 1952, that I last saw the deceased alive on Feb 29, 1952, and that death occurred at 11:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Saville G Wiesman MD	59 Greene St Cumberland, Md	3/4/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 5 1952	St. Luke's Cemetery	Cumberland Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 5, 1952	Wiates K. Hantz, M.D.	William H. Kight, Cumberland, Md.

VS-A15

RECEIVED
MAR 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01204

2411 N. Charles Street, Baltimore Dr. P. R. Wilson

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH · COUNTY Allegany · MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport · LENGTH OF STAY (In this place) 52 years HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 Spruce Street	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Allegany CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport STREET ADDRESS (If rural, give location) 406 Spruce Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Hueamsey	Bayse	February 2 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept 16, 1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supt of Public Streets	Westernport Town	Orkney Springs, W. Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathan Bayse	Eliza Grady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Lula B. Fazenbaker, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic Myocarditis and Myocardial Degeneration not specified as Rheumatic	5 Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis	5 Years

422.2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 20, 1947, to Feb 2, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 12:25 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul R Wilson	MD	Piedmont, W.Va.	Feb 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 5, 52	Philos Cemetery	Westernport, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 5, 1952	Mrs Jean C. Kelly	E. S. Boal	Westernport, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

RECEIVED
DEC 6 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DR. ENFIELD

CERTIFICATE OF DEATH

Reg. Dist. No. 012054

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 213 AVIRETT AVE.

3. NAME OF DECEASED: (Type or Print) (First) NOLA (Middle) O. (Last) BEAL

4. DATE OF DEATH: (Month) FEB. (Day) 18* (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: MAY 9, 1907

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): W.VA. Whitmer

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Absolom H. NELSON

14. MOTHER'S MAIDEN NAME: IDA CLAYTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-01-4874

17. INFORMANT & ADDRESS: William E. Beal 213 Avirett Ave., Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anuria & Peritonitis.

DUE TO

5705 Antecedent cause(s) (b) Intestinal obstruction

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Bsp Operation adhesions

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 8

19b. MAJOR FINDINGS OF OPERATION: Gangrenous small bowell

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1952 to Feb 18, 1952 that I last saw the deceased alive on Feb 18, 1952, and that death occurred at 6:50 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS Cumberland DATE SIGNED 2/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/21/52

NAME OF CEMETERY OR CREMATORY Hillcrest Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Feb. 21, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
FEB 26
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01206

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Md. | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Rural
STREET ADDRESS (If rural, give location) Bedford Road R. D 3

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) Elizabeth (Last) Boore
4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec 15, 1867
9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Cumberland Valley, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm Boore
14. MOTHER'S MAIDEN NAME: Margaret Boore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Isaac M. Boore - Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	1 week
480 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza	2 weeks
	(c) Generalized Arteriosclerosis	20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism due to cerebral arteriosclerosis — 10 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OR office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ ~~Not While~~ At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to Feb 1, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 4:50 P. m., from the causes and on the date stated above.

SIGNATURE: Isaac M. Boore — (Degree or title) — ADDRESS: 596 Greene St Cumberland Md — DATE SIGNED: 2/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 3, 1952 — NAME OF CEMETERY OR CREMATORY: Burning Bush Meth. Cem. — LOCATION (City, town, or county) (State): Bedford Valley Pa.

DATE REC'D BY LOCAL REG.: Feb 3, 1952 — REGISTRAR'S SIGNATURE: Winter L. Fantz M.D. — 24. FUNERAL DIRECTOR: John J. Hafer — ADDRESS: Cumberland Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01207

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Frostburg
LENGTH OF STAY (In this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at the Miners Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Vale Summit
STREET ADDRESS (If rural, give location) R.F.D. Box 299

3. NAME OF DECEASED (Type or Print) (First) Britt (Middle) B. (Last) Buckalew
4. DATE OF DEATH (Month) Feb. (Day) 18 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 9-2-1895
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY digging coal
11. BIRTHPLACE (State or foreign country) Warfield W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Buckalew
14. MOTHER'S MAIDEN NAME Emma Pope
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. 213-09-7337
17. INFORMANT AND ADDRESS Vale Summit, Md. wife) Mary Hansel Buckalew

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion due to	about 5 minutes
420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary sclerosis	?
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. (Degree or title) H. V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED Feb.18-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-21-1952
NAME OF CEMETERY OR CREMATORY Vale Summit Cemetery
LOCATION (City, town, or county) Vale Summit (State) Md.
DATE REC'D BY LOCAL REG. 2-20-52
REGISTRAR'S SIGNATURE Mrs. Nancy H. Poe
24. FUNERAL DIRECTOR Jacob Hass, Frostburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

FEB 25 1957
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01208

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nikep
LENGTH OF STAY (in this place): 35 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nikep
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Julius (Middle) G (Last) Budries

4. DATE OF DEATH: (Month) Feb, (Day) 28, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 9 1884

9. AGE Last birthday: 67 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? Lithuania

13. FATHER'S NAME: Anthony Budries

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 182-01-6413

17. INFORMANT & ADDRESS: George Budries (Son) Nikep, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2/2/52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Coronary sclerosis

(c)

4221

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21/, 1952, to Feb 28, 1952 that I last saw the deceased alive on 2/28, 1952 and that death occurred at 1:20 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Norman Reeves M.D. Westernport Md 2/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: March 3. 1952

NAME OF CEMETERY OR CREMATORY: St. Gabriels Cemetery

LOCATION (City, town, or county) (State): Barton Md.

DATE RECD BY LOCAL REG. 3/3/52

REGISTRAR'S SIGNATURE: Jeannette M Boal

24. FUNERAL DIRECTOR: M. Eichhorn — ADDRESS: Lonaconing Md.

RECEIVED
MAR 12 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01209

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) 1 Day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; STREET ADDRESS (If rural, give location) Detmold, St.

3. NAME OF DECEASED (Type or Print): (First) Andrew; (Middle); (Last) Burt Jr.

4. DATE OF DEATH: (Month) Feb. (Day) 10. (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July, 25. 1904

9. AGE last birthday: 47 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coating Mill. Wva. Pulp & Paper Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Burt

14. MOTHER'S MAIDEN NAME: Isabelle McKelvie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 217-05-2798

17. INFORMANT: Mrs. Hilda Burt (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anterior Coronary Occlusion — Interval Between Onset and Death: 1 wk.

420 1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4, 19 52, to 2/10, 19 52, that I last saw the deceased alive on 2/10, 19 52, and that death occurred at 4 15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Davis, M.D. ADDRESS Frostburg, Md. DATE SIGNED 2/11/52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb. 13 1952

NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery

LOCATION (City, town, or county) Moscow (State) Md.

DATE REC'D BY LOCAL REG. 2-12-52

REGISTRAR'S SIGNATURE Mrs. Nancy V. Roe

24. FUNERAL DIRECTOR M. Eichhorn ADDRESS Lonaconing, Md.

VS. A15

RECEIVED
FEB 1.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01210 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 420 Seymour St.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Burndette (Last) Bush

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown - About

9. AGE last birthday: 65 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pleasant H Gunn

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Howard Bush, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Chronic Myocarditis — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 13 Months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 31, 1952 to February 14, 1952, that I last saw the deceased alive on March 13, 1952, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE: J. L. Johnson Jr. M.D. — DEGREE OR TITLE — ADDRESS: Cumberland, Md. — DATE SIGNED: 2-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/16/52 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or county): Cumberland (State): Md

DATE REC'D BY LOCAL REG.: Feb. 15, 1952 — REGISTRAR'S SIGNATURE: Walter K. Hardy, M.D.

24. FUNERAL DIRECTOR: Louis Klein — ADDRESS: Cumberland

RECEIVED
FEB 21 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1211 9

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Frostburg

LENGTH OF STAY (in this place): 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg

STREET ADDRESS (If rural, give location): Broadway

3. NAME OF DECEASED: (Type or Print) (First) TAPLEY (Middle) GLENN (Last) CARR

4. DATE OF DEATH: (Month) Feb. (Day) 19, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 9, 1898

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY: Drug store

11. BIRTHPLACE (State or foreign country): Woodland, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marion Carr

14. MOTHER'S MAIDEN NAME: Gertrude Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO.: 081-22-5359

17. INFORMANT & ADDRESS: Mrs. Thelma Reif, Bellevue, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) uremia	1 wk.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) cirhosis, hepatic	4 months
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10 19 52, to Feb. 19, 19 52, that I last saw the deceased alive on Feb. 19, 19 52, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

John B. Davis, M.D. Frostburg Md. 2/19/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	2-21-52	Homewood Crematory	Pittsburgh, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-20-52	Mrs. Nancy N. Roe	J. R. Durst,	Frostburg, Md.

VS-115 8-51

RECEIVED
FEB
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01212

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 6 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Cumberland Balto Pike
STREET ADDRESS (If rural, give location) Route 2. Baltimore Pike

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Phillip	Eston	Champ		Feb	28	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Jan 15 1952	yrs.		13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Cumberland, Allegany Co Md	USA

13. FATHER'S NAME: Eston Champ

14. MOTHER'S MAIDEN NAME: Elsie Hampson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Eston Champ Rt 2, Cumberland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malnutrition (Pneumonia Bronchial)	6 to 8 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

772.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 27, 1952 to Feb 28, 1952, that I last saw the deceased alive on Feb 28, 1952 and that death occurred at 7-54 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. M. Schindler	M.D.	41 Fayette St Cumberland, Md	2/29/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 1 1952	Champ Cemetery	Petersburg, Grant Co, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 29, 1952	Wister K. Frank, M.D.	William H. Kight,	Cumberland, Md.

231

RECEIVED
MAR 4 1957
BUREAU V. S.

Within corporate DR. WEISMAN

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01213

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, LENGTH OF STAY (in this place) 3MO. 19DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PINTO
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) (Last) CLINEDINST
4. DATE OF DEATH (Month) FEB (Day) 13 (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH MARCH 4, 1864
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Patrolman
10b. KIND OF BUSINESS OR INDUSTRY State Roads Commission
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME GUS CLINEDINST
14. MOTHER'S MAIDEN NAME MAGGIE BARTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Bronchopneumonia	1 week
334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cerebral Arteriosclerosis	4 months
(c)	Epidymitis	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from May, 1946, to Feb 13, 1952, that I last saw the deceased alive on Feb 12, 1952, and that death occurred at 3:50 A.M. from the causes and on the date stated above.

SIGNATURE Hewerman Wm (Degree or title) ADDRESS 59 Greene St Cumberland Md DATE SIGNED 2/13/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 15, 1952
NAME OF CEMETERY OR CREMATORY Pinto Cemetery
LOCATION (City, town, or county) (State) Pinto, Maryland
DATE REC'D BY LOCAL REG. Feb. 15, 1952
REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, ADDRESS Cumberland, Md.

RECEIVED
FEB 21
BUREAU W. S

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 012144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) (9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) Brunswick Hotel

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Andrew (Last) Corrigan
4. DATE OF DEATH (Month) (Day) (Year) Feb, 11, 1952 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April, 16, 1867
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine
11. BIRTHPLACE (State or foreign country): Chicago, ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Corrigan
14. MOTHER'S MAIDEN NAME: Maria Moran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Agnes Miller (Daughter) Midland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Pneumonia	7 days
	DUE TO (c)	Bronchial Asthma	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1952 to Feb 11, 1952 that I last saw the deceased alive on 2/11/52, and that death occurred at 2:10 p.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Dorothy Brown M.D. Cumberland Md. 2/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feb. 14, 1952
NAME OF CEMETERY OR CREMATORY Belvedere Cemetery
LOCATION (City, town, or county) (State) Midland, Md

DATE REC'D BY LOCAL REG. Feb. 13, 1952
REGISTRAR'S SIGNATURE Walter K. Bantz, M.D.
24. FUNERAL DIRECTOR M. Eichhorn
ADDRESS Lonaconing, Md.

VS. A15 8-51

RECEIVED
FEB
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01215

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 2/2/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural, give location): 141 Maple Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) F. (Last) Cross

4. DATE OF DEATH: (Month) 2/ (Day) 28/ (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/9/1892

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mining

11. BIRTHPLACE (State or foreign country): Frostburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Cross

14. MOTHER'S MAIDEN NAME: Katherine Mullard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: 214-01-3685

17. INFORMANT AND ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis -	4 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Parkinson's Disease	?
	(c) Hemiplegia	3 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952, to Feb. 28, 1952, that I last saw the deceased alive on Feb. 28, 1952, and that death occurred at 6:28 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jacob G. Strauss, M.D. — ADDRESS: 49 Grecott. — DATE SIGNED: 2-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 2 1952 — NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Cem. — LOCATION (City, town, or county) (State): Frostburg, Maryland

DATE REC'D BY LOCAL REG.: Feb. 29 1952 — REGISTRAR'S SIGNATURE: Clinton K. Mank, M.D. — 24. FUNERAL DIRECTOR: Jacob Lupes — ADDRESS: Frostburg, Maryland

VS A15

RECEIVED
MAR 4 1952
BUREAU V. S.

Within corporate limits

W.F. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01216

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.

LENGTH OF STAY (in this place) 13 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE W.VA. COUNTY Hampshire

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROMNEY

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) NANCY (Middle) C. (Last) DAILEY

4. DATE OF DEATH: (Month) FEB. (Day) 9, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCTOBER 6, 1899

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWFE.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MISSISSIPPI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS CURTIS

14. MOTHER'S MAIDEN NAME: FRANCES ALSOP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

DUE TO

1561

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12-1951, to 2-9-1952, that I last saw the deceased alive on 2-9-1952, and that death occurred at 8:38 P.m., from the causes and on the date stated above.

SIGNATURE W.F. Williams (DEGREE OR TITLE) MD ADDRESS Cumberland DATE SIGNED 2-

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Feb 11, 1952

NAME OF CEMETERY OR CREMATORY Indian Mound Cem

LOCATION (City, town, or county) (State) Romney, W.Va.

DATE REC'D BY LOCAL REG. Feb. 9, 1952

REGISTRAR'S SIGNATURE Winter K. Lantz, M.D.

24. FUNERAL DIRECTOR Meryl L. Combs, Romney, W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—3-51

RECEIVED
1952
V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01217

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (In this place) 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 115 Decatur St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Bell	Davis	Feb	22	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Widowed	Feb. 14, 1887	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Restaurant Work	Self employed	Fairview Pa.	USA

13. FATHER'S NAME: Henry Browning
14. MOTHER'S MAIDEN NAME: Louisa Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	None	Mrs Richard Eichelberger, Flintstone, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rheumatic Heart Disease C.	10 yrs
416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac decompensation	5 days
	(c) Uremia	36 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/2/ 19 27, to 2/22 19 52, that I last saw the deceased alive on 2/22 19 52, and that death occurred at 5 40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George M Brown	M.D	Cumberland Md.	2/22/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 25 1952	Rose Hill Cemetery	Hagerstown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 24, 1952	Walter K. Mantz, M.D.	John J. Hafley	Cumberland, Md.

RECEIVED
MAR 4 1952
BUREAU V. S.

Within corporate limits

01218

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Lon~~ Near Cumberland, Rural
STREET ADDRESS (If rural give location) Lavale - R. F. D. #1

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) Frank (Last) Deakins
4. DATE OF DEATH (Month) Feb (Day) 29 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 14, 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Engineer
10b. KIND OF BUSINESS OR INDUSTRY Balt. & Ohio R.R.
11. BIRTHPLACE (State or foreign country) Rowlesburg, W. Va
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME John Alexander Deakins
14. MOTHER'S MAIDEN NAME Modena Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 705-07-6833
17. INFORMANT Ida Boswell Deakins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) sudden cardiac failure

165X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) bronchus cancer

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1942, to 2/29, 1952, that I last saw the deceased alive on 2/28, 1952, and that death occurred at 12 20 A m., from the causes and on the date stated above.

SIGNATURE Elizabeth Brings (Degree or title) M.D. ADDRESS 55 Greene St. DATE SIGNED 2/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 2 1952
NAME OF CEMETERY OR CREMATORY Zion Memorial Park
LOCATION (City, town, or county) Cumberland. (State) Maryland

DATE REC'D BY LOCAL REG. March 1, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR J. J. Hafer - 230 Balt. Ave. ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 4 1952
BUREAU V. S.

Within corporate limits.

DR. WETSMAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0121 #2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

LENGTH OF STAY (in this place): 1 DAY

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORTAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MD. COUNTY: ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

STREET ADDRESS (If rural, give location): 509 FURNACE ST.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
OSWALD C. DEAN	FEB. 28 1952	MALE	WHITE	MARRIED	JULY 7, 1886	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Postal CLERK	U.S. POST OFFICE	PENNA.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
BURHAM DEAN	SALLY C. SWEIGERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Charles B. Dean -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock due to hemorrhage	5 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Ruptured arteriosclerotic Aneurysm Abdominal Aorta	17 hours
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis — 7.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27 1952, to Feb 28 1952, that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 7:55 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Harold G Weisman MD	59 Greene St Cumberland	2/28/52 Allegany Co

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 1, 1952	Greenmount Cem.	Cumberland - Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 1, 1952	Winters R. Fantz, M.D.	J. J. Hafer	230 Balt. Ave. Cumberland Md.

VS-A15 8-51

RECEIVED
MAR 4 1952
BUREAU V. S.

DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01220

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MARYLAND
LENGTH OF STAY (in this place) 59 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA VALE,
STREET ADDRESS (If rural, give location) WOODLAWN AVE.,

3. NAME OF DECEASED: (Type or Print) (First) MATILDA (Middle) H (Last) DUKE

4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JAN. 23 1869

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House

10b. KIND OF BUSINESS OR INDUSTRY: House Wife - Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE H. HOFFMAN

14. MOTHER'S MAIDEN NAME: ANNIE THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Arteriosclerosis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypostatic Pneumonia	4 days
	DUE TO (c)		

4520

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 24, 1951 — 19b. MAJOR FINDINGS OF OPERATION: Amputation R thigh - Arteriosclerosis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 11 19 51, to Feb 19 19 52, that I last saw the deceased alive on Feb 19 19 52, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. Royce Hodges, M.D. ADDRESS Cumberland, Md DATE SIGNED 2/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb 21 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Cumberland, (State) Md

DATE REC'D BY LOCAL REG. Feb. 20, 1952
REGISTRAR'S SIGNATURE Walter K. Frantz, M.D.
24. FUNERAL DIRECTOR William H. Kight. ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 23 19
BUREAU W. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01221

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY in this place: 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 403 Arch Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) JACK (Last) DUNHAM

4. DATE OF DEATH: (Month) FEBRUARY (Day) 29, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 23, 1952

9. AGE last birthday: ✓ yrs. If under 1 year: Months Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roy Gordon Dunham

14. MOTHER'S MAIDEN NAME: Grace Dentinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Roy G. Dunham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Atelectasis - Prematurity — Interval Between Onset and Death: 1 da.

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (— Prematurity - 7 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 19 5x, to Feb. 29, 19 5x, that I last saw the deceased alive on Feb. 29, 19 5x, and that death occurred at 12.20A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James F. Hazelwood MD — ADDRESS: 200 Decatur St. Cumberland Md. — DATE SIGNED: 2-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 29, 1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: Feb 29, 195x — REGISTRAR'S SIGNATURE: Walter K. Frank, M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli, Cumberland, Maryland. — ADDRESS:

202032 314 312

RECEIVED
MAR 4 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01222

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital	STREET ADDRESS (If rural give location) 100 Bolen Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Robert	Lee	Englebach	Feb.	1	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Married	Dec. 16, 1880	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired machinist	Railroad	Johnstown, Pa.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George H. Englebach	Eva Kerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	705-05-1320	Clarence J. Englebach, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Angina Pectoris — Interval between onset and death: Six years

4212

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-1, 1952, to February 1, 1952, that I last saw the deceased alive on February 1, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. T. Broadrup	M.D.	Cumberland, Md.	2-4-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 4, 1952	St. Mary's	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 4, 1952	Wilmer L. Lantz M.D.	James F. Scanlon	Cumberland, Md.

VS/A15

RECEIVED
FEB 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 223 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 223 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) (Last) FAZENBAKER

4. DATE OF DEATH: (Month) Feb. (Day) 19, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-15-1872
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired laborer-mill room
10b. KIND OF BUSINESS OR INDUSTRY: Kelly S. Tire Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ormond Fazenbaker
14. MOTHER'S MAIDEN NAME: Mary Jane Bickford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) (3)
16. SOCIAL SECURITY NO.: 218-01-8311
17. INFORMANT & ADDRESS: Mrs. Edw. Fazenbaker, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute cardiac dilatation — INTERVAL BETWEEN ONSET AND DEATH: 15 mins.

442 X

Antecedent cause(s) DUE TO (b) C-V-Renal disease — 10 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1951, to Feb., 1952, that I last saw the deceased alive on Feb. 18, 1952, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE C. E. Latteng (DEGREE OR TITLE) M.D. ADDRESS Frostburg Md. DATE SIGNED 2/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2-22-1952
NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 2-22-52
REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 26 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01224

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 4/6/50	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary	STREET ADDRESS (If rural, give location) Southern Hotel, [redacted]. St. No. Mechanic

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) M.	(Last) Firlie	4. DATE OF DEATH	(Month) 2/ (Day) 15/ (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 1/25/1880	9. AGE last birthday 72 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired	10b. KIND OF BUSINESS OR INDUSTRY Own Farm[redacted]	11. BIRTHPLACE (State or foreign country) Pennsylvania, Somerset Co.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Frank Firlie	14. MOTHER'S MAIDEN NAME Rose Jordan				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214 10 5492	17. INFORMANT AND ADDRESS Allegany County Infirmary Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Hemorrhage.	11 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypostatic Congestion.	4 days
(c)	Generalized Arterio Sclerosis,	?.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension. Chr. Myocarditis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1952 to Feb. 14, 1952 that I last saw the deceased alive on Feb. 14, 1952 and that death occurred at 5 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James E. McLean		49 Greene St.	2-15-52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/16/1952	NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. Feb. 15, 1952	REGISTRAR'S SIGNATURE Winter R. Frantz, Mach	24. FUNERAL DIRECTOR William H. Kight, Cumberland, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

FEB 21 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01225

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barton rural; LENGTH OF STAY (in this place): 77 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1 mile east of Barton	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barton rural; STREET ADDRESS (If rural, give location): 1 mile east of Barton

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	ADAM	GREEN	February		19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	14 Nov 1874	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Coal Mine	Coal Mine	W. Germany, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Adam Green	Julia Custer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Harry Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchs-Pneumonia	2 Days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension arteriosclerosis	5 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July, 1945, to Feb 9, 1952, that I last saw the deceased alive on Feb-9, 1952, and that death occurred at 39 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H E Berry	M.D.	Piedmont W.Va	2/11/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	14 Feb 1952	Laurel Hill Cemetery	Lyon, Maryland	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 12 1952	Mrs Jean C. Kelly	[illegible]	[illegible]

VS. A15

RECEIVED
FEB 14 19
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01226

CERTIFICATE OF DEATH

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McCoole
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McCoole
STREET ADDRESS Route #3 (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rebecca (Middle) ViDelia (Last) Green

4. DATE OF DEATH: (Month) Feb. (Day) 1, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 24, 1868

9. AGE last birthday: 83 yrs. If under 1 year: Months 3 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Claysville, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kidwell

14. MOTHER'S MAIDEN NAME: Julia True

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Florence Green, McCoole, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchia Pneumonia — Interval between onset and death: 2 days

411K

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypostatic Pneumonia — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1952, to Feb 1, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Carl Reese M.D. ADDRESS Westernport, Md. DATE SIGNED 2/7/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-4-52

NAME OF CEMETERY OR CREMATORY: Green Family Cemetery

LOCATION (City, town, or county) (State): Mineral County, W. Va.

DATE REC'D BY LOCAL REG.: Feb 13, 1952

REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly

24. FUNERAL DIRECTOR: Rogers Funeral Home, ADDRESS: Keyser, W.Va.

VS. 215

RECEIVED
FEB 14 19
BUREAU V. S.

Within corporate limits

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VS A15 8-51

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 012274

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Water St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural, give location) 307 Water St.

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Catherine (Last) Hager

4. DATE OF DEATH: (Month) 2- (Day) 22- (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-3-1875

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Old Furnace, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Noah Long

14. MOTHER'S MAIDEN NAME: Mary Logsdon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Ethel Athey Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chr. myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 18 mos

443X

Antecedent cause(s) DUE TO (b) Arterial hypertension — 2 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1952, to Feb 22, 1952, that I last saw the deceased alive on Feb 18, 1952, and that death occurred at 10:39 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R. W. Trevaskis, Jr. M.D. Cumberland Md. 2/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2-25-1952

NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Feb. 25, 1952

REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

RECEIVED
MAR 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01228

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cumberland
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 130 Frederick St.

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) F. (Last) Harden

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 14, 1871

9. AGE last birthday: 80 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tannery Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Tannery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Harden

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Harold Harden, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Apoplectic Stroke	2-9-52
Antecedent cause(s) (Diseases or conditions, if any, giving rise to the above cause stating underlying cause last) 3314	DUE TO (b) arterial hypertension	1 yrs
	DUE TO (c) arteriosclerosis	22 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9, 1952, to 2-13, 1952, that I last saw the deceased alive on 2-13, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE — (DEGREE OR TITLE) MD — ADDRESS 57 Greene St. Cumberland — DATE SIGNED 2-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 2/16/52 — NAME OF CEMETERY OR CREMATORY Eckhart Cemetery — LOCATION (City, town, or county) Eckhart (State) Maryland

DATE REC'D BY LOCAL REG. Feb. 15, 1952 — REGISTRAR'S SIGNATURE Winter K. Hantz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc — ADDRESS Cumberland, Md.

VS-115 8-51

RECEIVED
FEB 21 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

21229

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 1/11/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sylvan Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cresaptown,
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Phillip (Middle) Roland (Last) Hess

4. DATE OF DEATH: (Month) 2/ (Day) 27/ (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 11/12/72

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor - Retired

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Piedmont, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Aaron R. Hess

14. MOTHER'S MAIDEN NAME: Harrett Lashorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Sylvan Retreat Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Congestion	4 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	?
	(c) Inanition,	3 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, — 6 mos.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1952 to Feb. 27, 1952 that I last saw the deceased alive on Feb. 26, 1952 and that death occurred at 8:15a m., from the causes and on the date stated above.

SIGNATURE: James E. McLean (Degree or title) — ADDRESS: 48 Decatur St. — DATE SIGNED: Feb. 27th/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 1 1952	Deer Park Cemetery	Deer Park Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 29, 1952	Winter K. Wantz, M.D.	William H. Kight, Cumberland,	Md.

RECEIVED
BUREAU V. S

Within corporate limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is [redacted]ly important. Physici[redacted] please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1230

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) since 1949	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary	STREET ADDRESS (If rural, give location) 406 Vine Street

3. NAME OF DECEASED (Type or Print)	(First) Minnie	(Middle) Frances	(Last) Johnson	4. DATE OF DEATH	(Month) 2/	(Day) 28/	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 10, 1878	9. AGE last birthday 73 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME George [redacted] Fazenbaker	14. MOTHER'S MAIDEN NAME [redacted] Carrie Wise						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Allegany County Infirmary Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	?
	(c) Paralysis Agitans	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to Feb. 27, 1952, that I last saw the deceased alive on Feb. 27, 1952 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James E. McLean		49 Greene St.	Feb. 28/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Mar. 1, 1952	NAME OF CEMETERY OR CREMATORY Bloomington Cemetery	LOCATION (City, town, or county) (State) Bloomington, Maryland
DATE REC'D BY LOCAL REG. Feb. 28, 1952	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR Boal's Funeral Home, Westernport, Md.	ADDRESS

RECEIVED
MAR 4 19[illegible]
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01231

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #522 Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 522 Washington St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	Rebecca	Jones	Feb.	8	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Dec 14 1866	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Alabama	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Ford	Rebecca Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Arthur F. Jones Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infirmaties of Age	4 wks
7944 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

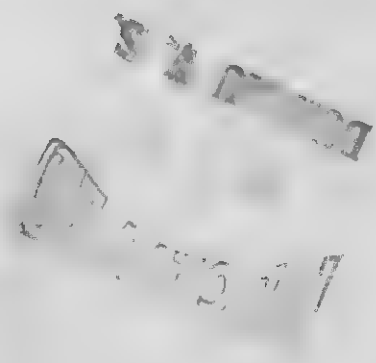
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1951, to Feb 8, 1952, that I last saw the deceased alive on Feb. 8, 1952, and that death occurred at 11:58 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Jones	M.D.	110 S. Centre St.	Feb. 8, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Rosehill Cem	Feb 11 '52	Rosehill Cem	Cumberland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 11, 1952	Winter K. Frantz, M.D.	LOUIS STEIN, INC	



Within corporate limits

DR. TOPPER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 012324

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PA. COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYNDMAN
STREET ADDRESS (If rural, give location) RFD# 1

3. NAME OF DECEASED: (Type or Print) (First) NAOMI (Middle) B (Last) KENNELL

4. DATE OF DEATH: (Month) FEB (Day) 8 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: April 27 [redacted] 1893

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN EMERICK

14. MOTHER'S MAIDEN NAME: EMMA MARTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Idella Lucero Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Valvular Heart Disease with
DUE TO Left Ventricular Hypertrophy

421.4

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946, to 2/8, 1952, that I last saw the deceased alive on 2/8/52, 19....., and that death occurred at 2:25 P.m., from the causes and on the date stated above.

SIGNATURE John A Topper (DEGREE OR TITLE) MD ADDRESS Hyndman Pa DATE SIGNED 2/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/12/52

NAME OF CEMETERY OR CREMATORY Comps Cemetery

LOCATION (City, town, or county) Hyndman, Pa. (State) RD1

DATE REC'D BY LOCAL REG. Feb. 12, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz M.D.

24. FUNERAL DIRECTOR Harvey H. Leigler Hyndman, Pa ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 21
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1233 4

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Cumberland
LENGTH OF STAY (in this place): 40 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 218 N. Centre Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Grace (Last) Kifer

4. DATE OF DEATH: (Month) (Day) (Year) February 16 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 10 1884

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own House

11. BIRTHPLACE (State or foreign country): Woodstock, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Butts

14. MOTHER'S MAIDEN NAME: Matilda Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: McClellan Kifer, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uremia, Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: weeks

592X Antecedent cause(s) DUE TO (b) Thrombosis Portal Vein — 1-2 Days

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jany, 1951, to Feb 16 1952, that I last saw the deceased alive on Feb 15, 1952, and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE: B. M. Schiedler (DEGREE OR TITLE) M.D. — ADDRESS: 41 Greenett Cumberland Md — DATE SIGNED: 2/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb 18 1952 — NAME OF CEMETERY OR CREMATORY: Reckley Cemetery — LOCATION (City, town, or county) (State): Oldtown, Maryland

DATE REC'D BY LOCAL REG.: Feb. 18, 1952 — REGISTRAR'S SIGNATURE: Hunter R. Drantz M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
1952
BUREAU V. S.

DR. VAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01234

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 21 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTERNPORT
STREET ADDRESS (If rural, give location) 105 SPRUCE STREET

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) P. (Last) KIGHT

4. DATE OF DEATH: (Month) FEB. (Day) 27 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: NOV. 2, 1885
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Machine Shop RETIRED as Mayor
10b. KIND OF BUSINESS OR INDUSTRY: Westernport, Maryland W. Va. Pulp and Paper Co.
11. BIRTHPLACE (State or foreign country): MARYLAND, Westernport
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS P. KIGHT
14. MOTHER'S MAIDEN NAME: Moriah ~~MARTA~~ MICHAELS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-07-2287
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic nephritis with uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 year

572X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Hypertensive Heart Disease with congestive failure — 1 month

DUE TO (c) Hypertensive Vascular Disease — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15, 19 Feb. to 27 Feb, 19 52, that I last saw the deceased alive on 26 Feb.; 19 52, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE W. A. Van Ormer (DEGREE OR TITLE) ADDRESS Cumberland, Md. DATE SIGNED 27 Feb. 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 1, 52
NAME OF CEMETERY OR CREMATORY Phelan Cemetery
LOCATION (City, town, or county) Western port (State) Md.

DATE REC'D BY LOCAL REG. Feb. 29, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR E. S. Bose. Westernport, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
BUREAU V. S.

DR. TOLSON
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01235

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 190 N. CENTRE ST.

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) W (Last) LaNEVE

4. DATE OF DEATH: (Month) FEB (Day) 19 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 9/27/1885
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: Retail Liquor Store
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SALVATORE LANEVE
14. MOTHER'S MAIDEN NAME: SARAH MOLINARI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Pyelonephritis-bilateral
DUE TO
600x Antecedent cause(s) with anuria and uremia
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: about 5 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4-, 1952, to 2-19, 1952, that I last saw the deceased alive on 2-19-, 1952, and that death occurred at 3:41 P.M. from the causes and on the date stated above.

SIGNATURE Howard L. Tolson (DEGREE OR TITLE) M.D. ADDRESS Cumberland, Md. DATE SIGNED 2-20-52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF Feb. 26, 1952
NAME OF CEMETERY OR CREMATORY St. Patrick's Cemetery
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Feb. 21, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
FEB 26 1952
BUREAU W. S.

Within corporate limits

01236

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

LENGTH OF STAY (in this place) 60 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland

STREET ADDRESS (If rural, give location) 1101 Holland Street

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) J (Last) Lebeck

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 22 1886

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Credit Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Potomac Edison Co

11. BIRTHPLACE (State or foreign country): Westernport, Allegany Co, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Lebeck

14. MOTHER'S MAIDEN NAME: Christina Heiland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-10-5116

17. INFORMANT & ADDRESS: Mrs. John Cook, Jr. Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

593X

DUE TO

Antecedent cause(s) (b) Glomerulo nephritis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1952, to 2/20, 1952, that I last saw the deceased alive on 2/20, 1952, and that death occurred at 8:59 p.m., from the causes and on the date stated above.

SIGNATURE John K Rozman M D (DEGREE OR TITLE) ADDRESS Cumberland Md DATE SIGNED 2/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Feb 24 1952 — NAME OF CEMETERY OR CREMATORY Philos Cemetery — LOCATION (City, town, or county) Westernport Allegany Co Md. (State)

DATE REC'D BY LOCAL REG. Feb. 23, 1952 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR William H. Kight, Cumberland, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01237

DR. SIMONS

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORTAL HOSPTTAL,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 12 LATNG AVENUE

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) H. (Last) LEWIS

4. DATE OF DEATH: (Month) FEB. (Day) 21 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 26, 1880

9. AGE last birthday: 71 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW COATS

14. MOTHER'S MAIDEN NAME: MOLLIE BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORTAL HOSPTTAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio Vascular renal disease	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis DUE TO	?
	(c) Diabetes Mellitus DUE TO	?

260 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1952, to 2/21, 1952, that I last saw the deceased alive on 2/21, 1952, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) **ADDRESS** — **DATE SIGNED**

George M Brown M.D Cumberland Md 2/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2-23-52

NAME OF CEMETERY OR CREMATORY Davis Memorial

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Feb. 23, 1952

REGISTRAR'S SIGNATURE Winter R. Hartz, M.D.

24. FUNERAL DIRECTOR Charles L. George — **ADDRESS** Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

RECEIVED
FEB 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01238

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) Lifelong	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital	STREET ADDRESS (If rural give location) 1[illegible]6 South Mechanic St.

3. NAME OF DECEASED (Type or Print) (First) Ralph	(Middle) P.	(Last) Lippold	4. DATE OF DEATH (Month) Feb.	(Day) 19	(Year) 1952
5. SEX [illegible]	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH June 8, 1900	9. AGE last birthday 51 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY Auto Repair	11. BIRTHPLACE (State or foreign country) Cumberland, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Peter L. Lippold		14. MOTHER'S MAIDEN NAME Mary T. Doerner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT [illegible]			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Esophageal varices (ruptured)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18, 1952, to 2/19, 1952, that I last saw the deceased alive on 2/19, 1952, and that death occurred at 4 m., from the causes and on the date stated above.

SIGNATURE John R Rogers M D (Degree or title) ADDRESS DATE SIGNED 2/20/52

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF [illegible]	NAME OF CEMETERY OR CREMATORY SS. Peter & Paul	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. Feb. 21, 1952	REGISTRAR'S SIGNATURE Winter L. Franz, M.D.	24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB
BUREAU V. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIR 8-51

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1239

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt 2 Williams Road
STREET ADDRESS (If rural, give location) Near Cumberland, Rural

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) M. (Last) Lloyd

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 23, 1872

9. AGE last birthday: 79 [redacted] yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Own Farm - retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Moorefield Wva.

12. CITIZEN OF WHAT COUNTRY? R.D.A.

13. FATHER'S NAME: William Lloyd

14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Henry W Lewis R.F.D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Toxemia from Gangrene Left Foot — INTERVAL BETWEEN ONSET AND DEATH 3 mo.

450.1

Antecedent cause(s) DUE TO (b) Arteriosclerosis — —

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Old Age & Senility —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md —

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/11/51, 19....., to 2/20/52, 19....., that I last saw the deceased alive on 2/19/52, 19....., and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) M.D. ADDRESS Med Bldg. Cumb. Md. DATE SIGNED 2/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/22/52

NAME OF CEMETERY OR CREMATORY Baldwin Cemetery

LOCATION (City, town, or county) Moorefield (State) W.Va.

DATE REC'D BY LOCAL REG. Feb. 21, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR LOUIS STEIN, INC ADDRESS Cumberland, Maryland

RECEIVED
FEB 26 1952
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21240

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hosp,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: W. Va. COUNTY: Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeley
STREET ADDRESS (If rural, give location): 64 Knobley St.,

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) MARGARET (Last) MAGRUDER

4. DATE OF DEATH: (Month) Feb. (Day) 9, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 9, 1895

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Thornton, W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jefferson Cozad

14. MOTHER'S MAIDEN NAME: Lydia Helma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: B. Frank Magruder Ridgeley, W. Va. 64 Knobley St.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cirrhosis, hepatic — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

Antecedent cause(s) DUE TO
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1951, to 2/9, 1952, that I last saw the deceased alive on 2/9, 1952, and that death occurred at 5.37 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Oliver Ralph Lock, M.D. 202 Virginia Avenue, Cumb., Md. 2/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/12/52 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Feb. 11, 1952 — REGISTRAR'S SIGNATURE: Walter K. Sparks, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Charles L. George Cumberland, Md.

RECEIVED
1952
BUREAU V. S.

Within corporate limits DR. VAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01241

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 9 HRS 46mi
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural, give location) 115 WILLS CREEK AVE.

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) F. (Last) MAPHIS

4. DATE OF DEATH: (Month) FEB. (Day) 25 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY, 3, 1895

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patrolman

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp

11. BIRTHPLACE (State or foreign country): Romney W. Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ANTHONY MAPHIS

14. MOTHER'S MAIDEN NAME: ELIZABETH SHANK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. War I

16. SOCIAL SECURITY NO.: 214.07.5133

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion, acute — INTERVAL BETWEEN ONSET AND DEATH 7 A.M. 25 Feb. 52

420.1 DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? 16 25 Feb. 52

22. I hereby certify that I attended the deceased from 7 A.M. Feb. 25, 19....., to 7 P.M., 19....., that I last saw the deceased alive on 25 Feb., 1952, and that death occurred at 7:16 P.m., from the causes and on the date stated above.

SIGNATURE W. Alfred Vincenne (DEGREE OR TITLE) ADDRESS Cumberland, Md. DATE SIGNED 25 Feb. 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Feb. 28, 1952

NAME OF CEMETERY OR CREMATORY Philos Cemetery

LOCATION (City, town, or county) Westernport (State) Md.

DATE REC'D BY LOCAL REG. Feb. 27, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J Hafer, Cumberland Md. ADDRESS

RECEIVED
MAR 4 1952
BUREAU V. S.

DR. WHITTWORTH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416 8-51

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 531 GREENE STREET

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) GIRL (Last) MC CLURE

4. DATE OF DEATH: (Month) FEB. (Day) 26 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: FEB. 24, 1952

9. AGE Last birthday: ✓ yrs. IF UNDER 1 YEAR: Months, Days 2 IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH C. MC CLURE

14. MOTHER'S MAIDEN NAME: DOROTHY C. KOEHNKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Erythroblastosis Foetalis — INTERVAL BETWEEN ONSET AND DEATH

770.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Evelyn B. Whitworth M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2-27-1952

NAME OF CEMETERY OR CREMATORY Rose Hill Cem

LOCATION (City, town, or county) (State) Cumberland, Md

DATE REC'D BY LOCAL REG. Feb. 27, 1952

REGISTRAR'S SIGNATURE Walter L. Hardy, M.D.

24. FUNERAL DIRECTOR ADDRESS Charles L. George - Cumberland, Md.

RECEIVED
MAR 4
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01243

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural, give location) 124 So. Mechanic St.,

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) FREDERICK (Last) McINTOSH

4. DATE OF DEATH: (Month) Feb. (Day) 12, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 5, 1916
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months | Days; IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Driver
10b. KIND OF BUSINESS OR INDUSTRY: Astor Cab Co.
11. BIRTHPLACE (State or foreign country): Rawlings, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James F. Eagle
14. MOTHER'S MAIDEN NAME: Grace McIntosh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): (3) No
16. SOCIAL SECURITY No.: 217-10-7745
17. INFORMANT & ADDRESS: Mrs. Evelyn V. McIntosh Cumb. Md. 124 So. Mechanic

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	pulmonary embolisme	10 days
416X Antecedent cause(s)	DUE TO (b)	rheumatic heart	2 years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30-, 1952, to 1-12-, 1952, that I last saw the deceased alive on 1-12-, 1952, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS 57 Greene St. DATE SIGNED 2-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2/15/52
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Feb. 15, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 21 1952
BUREAU V. S.

DR. IVAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01244

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD. — LENGTH OF STAY (in this place) 4 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near CUMBERLAND, MD. Rural (If rural, give location)

STREET ADDRESS POTOMAC PARK, R.F.D. #6

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
RETHA	Mae	McKENZIE	February	29	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
FEMALE	WHITE	MARRIED	APRIL 24 1919	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Own Home	House Wife	MARYLAND	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
EMMETT LOUK	TOLLIE KYLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Pulmonary Embolis	3 days.
410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic Valvular Heart Disease (Rheumatic)	Yrs.
	DUE TO (c)	With Mitral stenosis and Cardiac failure.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Feb, 1952, to 29 Feb 52, that I last saw the deceased alive on 29 Feb., 1952, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE W. A. V. a Orme (DEGREE OR TITLE) ADDRESS Cumberland, Md. DATE SIGNED 29 Feb 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 4 1952	St. Peter & Paul Cemetery	Cumberland, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 3, 1952	Winter R. Frantz M.D.	William H. Kight,	Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18 8-51

RECEIVED
MAR 4 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

01245

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 116 Columbia St.

3. NAME OF DECEASED (Type or Print): (First) Lora (Middle) Lee (Last) Mellinger
4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Aug 31-1879
9. AGE last birthday: 72 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kept house for herself
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mellinger
14. MOTHER'S MAIDEN NAME: Adeline Hamil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Warren Mellinger, 312 Mt View Drive City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure due to

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis also had — ?

(c) Bronchial asthma — several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Feb. 15-1952

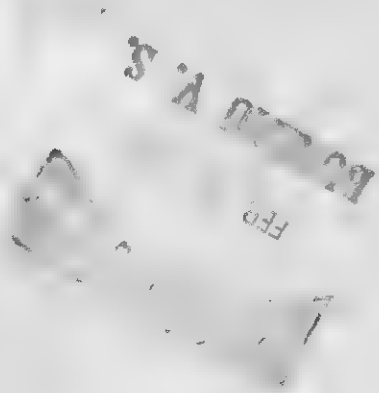
23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 16, 1952 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. | LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Feb. 16, 1952 | REGISTRAR'S SIGNATURE: Winter L. Hantz, M.D. | 24. FUNERAL DIRECTOR: Lowes Stein Inc. | ADDRESS: Cumberland, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01246

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 Mt. Pleasant

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 78 Mt. Pleasant

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jane (Last) Metzner

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 18 - 1869
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hoffman, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Metzner
14. MOTHER'S MAIDEN NAME: Eliza Ellen Moody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 78 Mt. Pleasant Rd Mrs. G. Michael, Frostburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: Sudden
422.2
DUE TO
Antecedent cause(s) (b) Chr Myocarditis — several months
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1952, to Feb 9, 1952, that I last saw the deceased alive on Feb 8, 1952, and that death occurred at 10:20 A.m., from the causes and on the date stated above.

SIGNATURE W. M. Jane M.D. (DEGREE OR TITLE) ADDRESS Frostburg Md DATE SIGNED 2-11-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-12-1952
NAME OF CEMETERY OR CREMATORY St. Michael's Cem
LOCATION (City, town, or county) (State) Frostburg, Md

DATE REC'D BY LOCAL REG. 2-12-52
REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 15 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01247

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Cumberland, Rural — LENGTH OF STAY (in this place): 2 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 2, Baltimore Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Cumberland

STREET ADDRESS (If rural, give location): Route 2, Baltimore Pike

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Quinton (Last) Michael

4. DATE OF DEATH: (Month) Feb (Day) 25 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 27 1879

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Avilton, Garrett Co, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Michael

14. MOTHER'S MAIDEN NAME: Eliza Reckner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Gladstone Broadwater, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Occlusion	5 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerosis	5-10 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952, to Feb 25, 1952, that I last saw the deceased alive on 4 PM 2/25/52, and that death occurred at 7 00 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Benedict Lekitarelis M.D.

DATE SIGNED: 2/26/52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Feb 28 1952

NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery

LOCATION (City, town, or county) (State): Grantsville, Garrett Co Md

DATE REC'D BY LOCAL REG.: Feb 27, 1952

REGISTRAR'S SIGNATURE: Winter L. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: William Winterberg, Grantsville Maryland.

RECEIVED
4 1952
BUREAU V. S.

W.F. WMS. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 248

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND,
LENGTH OF STAY (in this place): 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: KENTUCKY COUNTY: GREENUP
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FORT THOMAS, KENTUCKY
STREET ADDRESS (If rural, give location): 154 TREMONT AVE

3. NAME OF DECEASED (Type or Print): (First) RUSSELL (Middle) OWEN (Last) MILLER

4. DATE OF DEATH: (Month) FEB. (Day) 16 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12/29/1900

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIELD SERVICE BUREAU OF

10b. KIND OF BUSINESS OR INDUSTRY: INTERSTATE COM. COMMISSION

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN W. MILLER

14. MOTHER'S MAIDEN NAME: ELLA WARNOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I & II

16. SOCIAL SECURITY NO.: 719-05-1682

17. INFORMANT'S ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

420.1

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 14 19 52, to Feb. 16 19 52 that I last saw the deceased alive on 2-16, 19 52, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M. J. Williams M.D. ADDRESS Cumberland DATE SIGNED 2-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF:** Feb-19-1952 — **NAME OF CEMETERY OR CREMATORY:** Mother of God Catholic Cem. — **LOCATION (City, town, or county) (State):** Covington, Ky.

DATE REC'D BY LOCAL REG.: Feb. 16, 1952 — **REGISTRAR'S SIGNATURE:** Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer — Cumberland, Md. — ADDRESS

DR. WEISMAN

White — corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01249 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Cumberland

LENGTH OF STAY (in this place) 2 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [redacted] Oldtown

STREET ADDRESS [redacted] (If rural, give location)

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day)	(Year)
CHARLOTTE	Lottie	MOORE	FEB. 27	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED	SEPT. 15, 1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Upper District West Virginia	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Asa CROSS [redacted]	SARAH NESTOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Kenneth Moore - Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	4 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Right hemiplegia	4 months
	(c) DUE TO Paralysis of Palate & Pharynx arteriosclerosis & Hypertension	2d

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 52, to Feb 27, 19 52, that I last saw the deceased alive on Feb 27, 19 52, and that death occurred at 4:20 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Samuel G Weisman	M.D.	59 Greene St Cumberland	2/28/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-2-1952	Mt. Pleasant Cem.	Clear Run, W. VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 27, 1952	Walter L. Wantz, M.D.	Charles L. George	Cumberland, Md

RECEIVED
MAR 4 1952
BUREAU V. S.

Item 9 Film G139 2/29/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

012510

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-116 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Frostburg, Md. — LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 Hill St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 79 Hill St

3. NAME OF DECEASED: (First) Martha (Middle) (Last) Myers
4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-18-1865
9. AGE last birthday: 87 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Farm Home
11. BIRTHPLACE (State or foreign country): Cokes Island Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wm. P. Bausthouse
14. MOTHER'S MAIDEN NAME: Polly Fike
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.). (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Anna Brown, Frostburg Md 79 Hill St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Cerebral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Several years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)
450.0

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1952, to Feb 21, 1952, that I last saw the deceased alive on Feb 17, 1952, and that death occurred at 5:10 P.M., from the causes and on the date stated above.
SIGNATURE Wm McLane MD (DEGREE OR TITLE) ADDRESS Frostburg Md DATE SIGNED 2-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2-24-1952 — NAME OF CEMETERY OR CREMATORY Ambler Cemetery — LOCATION (City, town, or county) Cokes Island, Md. (State)
DATE REC'D BY LOCAL REG. 2-23-52 — REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe
24. FUNERAL DIRECTOR Joseph Hafer, Frostburg Md ADDRESS

RECEIVED
FEB 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01251

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport 2 | LENGTH OF STAY (in this place) 22 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 432 Hammond

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport, Md.
STREET ADDRESS 432 Hammond St. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Carl (Last) Nichols
4. DATE OF DEATH (Month) Feb. (Day) 25 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH 8/27/29
9. AGE last birthday 2 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer
10b. KIND OF BUSINESS OR INDUSTRY Taxi
11. BIRTHPLACE (State or foreign country) Westernport, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Carl Nichols
14. MOTHER'S MAIDEN NAME Thelma Footen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Carl Nichols - Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart failure due to	2 Mo.
4/16X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Valvular Heart desease due to	5 Yrs.
	(c) Rheumatic heart desease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V. Deming, M.D. (Degree or title) H.V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED 2/[illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF [illegible]/53/52
NAME OF CEMETERY OR CREMATORY Philos Cem.
LOCATION (City, town, or county) Westernport, Md. (State)

DATE REC'D BY LOCAL REG. Feb 28, 1952
REGISTRAR'S SIGNATURE Mrs Jean C. Kelly
24. FUNERAL DIRECTOR Elsworth S. Boal ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
FEB 29 1952
BUREAU V S.

Within corporate limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01252

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 15 Altamont Terrace (roomed

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alfred		Nightengale	2	5	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	1/27/69	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Coal Miner	Mining	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Nightengale	Harriet Langford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	None	Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Congestion, -	4-5 days
1774 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis, Arteriosclerosis, -	?
	(c) Bronchopneumonia -	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Malnutrition.	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 25, 1952 to Feb. 4, 1952, that I last saw the deceased alive on Feb. 4, 1952 and that death occurred at 12:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James E. McLean 49 Grove St. Feb. 5th 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 7, 1952	Oak Hill Cemetery	Lonaconing, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 6, 1952	Winter R. Mark, M.D.	M. Eichhorn	Lonaconing, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 61252

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) AGNES (Last) NOONAN

4. DATE OF DEATH: (Month) Feb. (Day) 28, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7-31-1879

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Porter

14. MOTHER'S MAIDEN NAME: Mary McGrogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Charles Noonan, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

443X Antecedent cause(s) DUE TO (b) Hypertension Heart Disease — Several years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to Feb, 1952, that I last saw the deceased alive on Feb 27 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

F. Alan G. Murray MD Cumberland Md [signature] 1/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-3-1952

NAME OF CEMETERY OR CREMATORY St. Patrick's Cemetery

LOCATION (City, town, or county) (State) Mt. Savage, Md.

DATE REC'D BY LOCAL REG. March 2-1952

REGISTRAR'S SIGNATURE Veronica McDermott

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415 8-51

RECEIVED
MAR 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01254

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 16 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eckhart Box 394
STREET ADDRESS (If rural, give location) R. L. No 1 Frostburg

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Griffin (Last) Pope

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-16-1916
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accessories
10b. KIND OF BUSINESS OR INDUSTRY: Kelly Tire Co.
11. BIRTHPLACE (State or foreign country): Eckhart, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Pope
14. MOTHER'S MAIDEN NAME: Annie Eisenhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) World W II
16. SOCIAL SECURITY NO.: 212-12-8823
17. INFORMANT & ADDRESS: R. L. No 1 Frostburg, Md. Mrs Chas. T. Pope

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Myocarditis
DUE TO
410 X Antecedent cause(s) (b) Mitral Stenosis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11-, 1952, to 2-12-, 1952, that I last saw the deceased alive on 2-12-, 1952, and that death occurred at 4:35 P.m., from the causes and on the date stated above.

SIGNATURE Leslie E. Daugherty M.D. (DEGREE OR TITLE) ADDRESS 7 Washington Cumberland Md DATE SIGNED 2-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2-17-1952
NAME OF CEMETERY OR CREMATORY St. Michael's Cem.
LOCATION (City, town, or county) Frostburg, Md. (State)
DATE REC'D BY LOCAL REG. Feb. 17, 1952
REGISTRAR'S SIGNATURE Winter R. Nantz, M.D.
24. FUNERAL DIRECTOR Jacob Hope ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 26 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Berry

Reg. Dist. No. 01355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Moscow Mills
LENGTH OF STAY (in this place): 68 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Moscow Mills
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) CORNELUIS (Last) PATTERSON

4. DATE OF DEATH: (Month) Feb (Day) 9, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 20 Nov 1865

9. AGE Last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: X - - -

11. BIRTHPLACE (State or foreign country): Barton, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Patterson

14. MOTHER'S MAIDEN NAME: Susan Garey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Harry Patterson, Moscow, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cystitis - Pyelitis	2 wks.
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	5 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1952, to Feb 9, 1952, that I last saw the deceased alive on Feb 9, 1952, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: E Berry (Degree or title) M.D. ADDRESS: Piedmont W. Va DATE SIGNED: 2/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12 Feb 52

NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery

LOCATION (City, town, or county) (State): Moscow, Maryland

DATE REC'D BY LOCAL REG.: Feb 12, 1952

REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly

24. FUNERAL DIRECTOR: E. S. Boal, Westernport

ADDRESS: Westernport Md.

RECEIVED
FEB 14 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0125/8

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.L. No 1	STREET ADDRESS (If rural, give location) R.L. No 1 Mt. Savage

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Camp (Last) Paul

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	6-25-1918	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Own Home	Mt. Savage, Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Theophilus Morgan	Mary Hammers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	213-18-2931	Walter Paul R.L. No 1 Mt. Savage Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

170X Antecedent cause(s) DUE TO (b) Carcinoma of breast

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1950, to 2/17, 1952, that I last saw the deceased alive on 2/17/52, 19__, and that death occurred at 9:00 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

S. E. Enfield Cumberland Md 2/19/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-19-1952	Methodist Cem	Mt. Savage, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-20-52	Veronica McDermott	Jacob Hafer, Frostburg, Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AID 8-51

RECEIVED
FEB
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

01257

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural) Cumberland
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#2 Williams Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural) Cumberland
STREET ADDRESS (If rural, give location) R.F.D.#2 Williams Road.

3. NAME OF DECEASED (Type or Print) (First) Rosalie (Middle) (Last) Porter
4. DATE OF DEATH (Month) Feb. (Day) 4 (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single
8. DATE OF BIRTH Dec.24-1951
9. AGE last birthday 0 yrs. If under 1 year Months 1 Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Cumberland,Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John J.Porter
14. MOTHER'S MAIDEN NAME Mary L.Speelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS father) John.J.Porter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation due to asperation of — INTERVAL BETWEEN ONSET AND DEATH about 5

9210 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) stomach contents. — minutes.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 2/4 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy *, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident *, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) H.V.Deming M.D. H.V. Deming M.D. ADDRESS Cumberland,Md. DATE SIGNED Feb.4-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/5/52
NAME OF CEMETERY OR CREMATORY Mt Tabor Cemetery
LOCATION (City, town, or county) Berkeley Springs (State) W Va

DATE REC'D BY LOCAL REG. Feb. 5, 1952
REGISTRAR'S SIGNATURE Winter L. Nantz, M.D.
24. FUNERAL DIRECTOR Louis Stein, Inc ADDRESS Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1952

Within co...

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01258

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 6 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piedmont
STREET ADDRESS (If rural give location) Ashfield St.

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) (Last) Ryan
4. DATE OF DEATH (Month) Feb (Day) 22 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-22-91
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Ladies Clothing
11. BIRTHPLACE (State or foreign country) Rhode Island, N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Ryan
14. MOTHER'S MAIDEN NAME Ellen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic nephritis with uremia	6 weeks
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis with nephrosclerosis	?
	(c) arterial Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 1952, to 22 Feb, 1952, that I last saw the deceased alive on 22 Feb, 1952, and that death occurred at 8 05 p m., from the causes and on the date stated above.

SIGNATURE W. Alfred Von Ormer (Degree or title) ADDRESS 531 La. Ave. Cumb. Md. DATE SIGNED 22 Feb 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 26 Feb 52
NAME OF CEMETERY OR CREMATORY St Peters Cemetery
LOCATION (City, town, or county) Westernport (State) Md.
DATE REC'D BY LOCAL REG. Feb. 22, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR E. S. Boal ADDRESS Western Port, Md.

RECEIVED
FEB 26 1952
BUREAU W. S.

Within corporate limit

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01259

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
LENGTH OF STAY (in this place) 1948
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vale Summit,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Sharp

4. DATE OF DEATH (Month) (Day) (Year) February 3, 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4/4/1867
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner-Retired
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Pompy Smash, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Edward Sharp
14. MOTHER'S MAIDEN NAME Ellen Tims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis with Congestive Heart Failure

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Inanition

(c) Hypotension.-

INTERVAL BETWEEN ONSET AND DEATH ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1952 to Feb. 3, 1952 that I last saw the deceased alive on Feb. 2, 1952 and that death occurred at 12:20a m., from the causes and on the date stated above.

SIGNATURE James E. McBean (Degree or title) ADDRESS 49 Green St. DATE SIGNED 2-4-52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 5, 1952
NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery
LOCATION (City, town, or county) (State) Frostburg, Maryland

DATE REC'D BY LOCAL REG. Feb. 4, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Maryland ADDRESS

RECEIVED
FEB 13 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1260

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the dates of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 71 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 161 Fayette Street Crump Nurseing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) East Main Street.

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) J (Last) Skilling

4. DATE OF DEATH: (Month) Feb, (Day) 23 (Year) 1952 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov, 2 1866

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Skilling

14. MOTHER'S MAIDEN NAME: Mary Quail

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Margaret Hutchenson (Niece)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infirmaties of Age — Interval Between Onset and Death: 4 mos

794 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Feb. 23, 1952, that I last saw the deceased alive on Feb. 20, 1952, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milton F. Jones M. D. 110 S. Centre St. Feb. 25, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb, 26. 1952

NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REG.: Feb. 25, 1952

REGISTRAR'S SIGNATURE: Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR: M. Eichhorn

ADDRESS: Lonaconing, Md.

RECEIVED
MAR 4 1952
BUREAU V. S.

Within corporate limit

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01261

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 9/5/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 127 Cumberland Street

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) J. (Last) Smith
4. DATE OF DEATH: (Month) 2/ (Day) 25/ (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9/2/66
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Private Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Solomon Diehl
14. MOTHER'S MAIDEN NAME: Catherine Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage. — 3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — ?
(c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt Femur — 6 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952 to Feb 25, 1952, that I last saw the deceased alive on Feb 25, 1952 and that death occurred at 7.40 P. m., from the causes and on the date stated above.

SIGNATURE James E. McGraw (Degree or title) ADDRESS 49 Greene St. DATE SIGNED 2-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2/28/52
NAME OF CEMETERY OR CREMATORY: Rose Hill
LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Feb. 27, 1952
REGISTRAR'S SIGNATURE: Winter L. Hartz, M.D.
24. FUNERAL DIRECTOR: J. J. Hagel — ADDRESS: Cumberland, Md.

RECEIVED
MAR 4 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01162

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 22 Thomas St.

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 12, 1903

9. AGE last birthday: 48 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland U.S.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Smith

14. MOTHER'S MAIDEN NAME: Clara Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Clara Leggett-1013 Grape Alley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) – Heart Failure	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) – Cerebral Hemorrhage	1 week
	(c) – Arteriosclerosis	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	– Gangrene right leg – Diabetes Mellitus	2 months

19a. DATE OF OPERATION: Dec 15, 1951

19b. MAJOR FINDINGS OF OPERATION: Arteriosclerotic gangrene

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26, 1951, to Feb 9, 1952, that I last saw the deceased alive on Feb 9, 1952, and that death occurred at 3:09 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Samuel G. Greenwood — ADDRESS: 59 Greene St Cumberland Md — DATE SIGNED: 2/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb 11, 1952 — NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery — LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: Feb. 11, 1952 — REGISTRAR'S SIGNATURE: Walter K. Mantz M.D.

24. FUNERAL DIRECTOR — ADDRESS: John J. Hafer Cumberland, Md.

VS. A15

RECEIVED
U.S.

Within corporate limits DR. TOLSON

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61263

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; LENGTH OF STAY (in this place) 11 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONACONING
STREET ADDRESS (If rural, give location) 84 EAST MAIN STREET

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (Last) STEVENSON

4. DATE OF DEATH: (Month) FEB. (Day) 17, (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 18, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED weighmaster

10b. KIND OF BUSINESS OR INDUSTRY: Georges Creek Coal Co.

11. BIRTHPLACE (State or foreign country): MARYLAND, Lonaconing

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES STEVENSON

14. MOTHER'S MAIDEN NAME: ELIZABETH MACKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of prostate — Interval Between Onset and Death: about 8 months

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1950

19b. MAJOR FINDINGS OF OPERATION: Prostatectomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 2-16-, 1952 and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard L. Tolson M.D. ADDRESS Cumberland, Md. DATE SIGNED 2-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF FEB. 19, 1952 | NAME OF CEMETERY OR CREMATORY [illegible] CEMETERY | LOCATION (City, town, or county) CUMBERLAND, Md. (State)

DATE REC'D BY LOCAL REG. Feb. 19, 1952 | REGISTRAR'S SIGNATURE Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
FEB 26 1952
BUREAU V. S.

within corporate limi.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01264

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland

LENGTH OF STAY (in this place) 22 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 716 Schriver Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 716 Schriver Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
CARRIE	LORETTA	STRONG	Feb. 9, 1952 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Nov. 28, 1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Cherry Run, W. Va.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Johnson	Esther Potter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	None	George H. Strong, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uraemia	3 wks.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	3 yrs
	DUE TO (c) Decubitus ulcers	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Feb. 7, 1952, to Feb. 9, 1952, that I last saw the deceased alive on Feb. 7, 1952, and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Chas R. Burnett	M.D.	Cumberland	2/9/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/11/1952	Ebeneezer Cemetery	Romney, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 11, 1952	Charles L. Frantz, M.D.	William H. Kight, Cumberland, Md.	

Within corporate limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 1/18/52	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary	STREET ADDRESS (If rural, give location) 30 Boone Street

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) Augustus	(Last) Teal	4. DATE OF DEATH (Month) 2 (Day) 7 (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 24 1888	9. AGE last birthday 63 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during life, even if retired) Mechanics Helper	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Port Jervis, New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry N. Teal	14. MOTHER'S MAIDEN NAME Elizabeth Wagner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War I	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Allegany County Infirmary Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic congestion & acute — 4 days.

021X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Failure

(c) Generalized Lues. — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

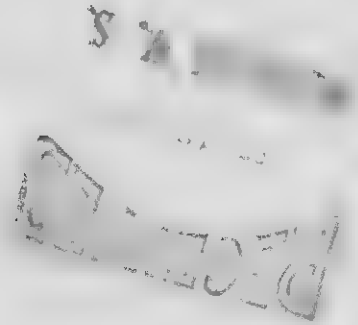
21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1952 to Feb. 6, 1952, that I last saw the deceased alive on Feb. 6th, 1952 and that death occurred at 6.10 a. m., from the causes and on the date stated above.

SIGNATURE James E. McLean (Degree or title) ADDRESS 49 Greene St. DATE SIGNED Feb. 7th 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-9-52	NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. Feb. 8, 1952	REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.	24. FUNERAL DIRECTOR James F. Scarpelli	ADDRESS Cumberland, Md.



Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 300 Beall St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 300 Beall St.,

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELLA (Last) TOLE

4. DATE OF DEATH: (Month) Feb. (Day) 23, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 95 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Maid

10b. KIND OF BUSINESS OR INDUSTRY: Queen City Hotel

11. BIRTHPLACE (State or foreign country): Alexandria, Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-05-8545

17. INFORMANT & ADDRESS: James Tole 300 Beall St., Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	4 Hours.
4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic Heart Disease	15 Years
	DUE TO (c)	Generalized arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Advanced age

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 1952, to 2-23, 1952, that I last saw the deceased alive on 2-23, 1952, and that death occurred at 3:50 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
James P. Haseman MD 200 Decatur St. Cumberland, Md 2-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 2/26/52 — NAME OF CEMETERY OR CREMATORY St. Patricks Cem. — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Feb. 25, 1952 — REGISTRAR'S SIGNATURE Walter L. Wantz, M.D.

24. FUNERAL DIRECTOR H. Wayne George — ADDRESS Cumberland, Md.

VS. A15 8-51

RECEIVED
MAR 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01-67 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland, Maryland
STREET ADDRESS (If rural, give location) R.D.# 3 Cumberland

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Alice (Last) Twigg

4. DATE OF DEATH: (Month) 2- (Day) 15- (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-9-1870
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Green Ridge, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Alderton
14. MOTHER'S MAIDEN NAME: Mazie Slider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Walter M. Twigg, Flintstone, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Failure — Interval Between Onset and Death: Obs
443X
Antecedent cause(s) DUE TO (b) Arteriosclerosis — Unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Hypertension C. Disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15 1952 to 2/16 1952, that I last saw the deceased alive on 2/15 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[illegible] 40 [illegible] St 2/16

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2-17-1952
NAME OF CEMETERY OR CREMATORY Mt. Herman Cem.
LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Feb. 16, 1952
REGISTRAR'S SIGNATURE Winter L. Kantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JAN 21 1992

Within corporate limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible] months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Laing Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Portsmouth
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY No. 214-05-7762
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Carcinoma Stomach

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

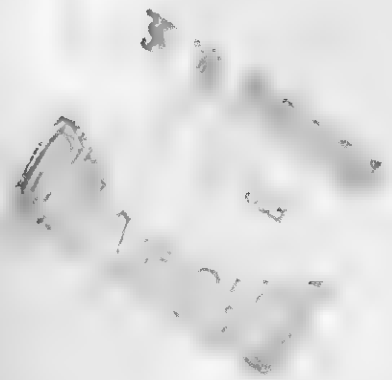
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1952 to Feb. 14, 1952, that I last saw the deceased alive on Feb. 13, 1952 and that death occurred at 3:35 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Tuller B. [illegible] M.D. Cumberland, Md 14 Feb 52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. Feb. 15, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01269

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellerslie — LENGTH OF STAY (in this place): 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellerslie
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Rosie (Middle) Anna (Last) Tyson
4. DATE OF DEATH: (Month) (Day) (Year) Feb. 25, 1952 19
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 23, 1886
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Jousework
11. BIRTHPLACE (State or foreign country): Magnolia, W. Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Michael J. Albright
14. MOTHER'S MAIDEN NAME: Sarah Offord
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Rev. Michael Tyson, Wilmore, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial, meningitis — Flow

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C-V Disease — unknown

(c) Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Spring July 1951 to Feb 25, 1952, that I last saw the deceased alive on Feb 19, 1952, and that death occurred at 8:30 m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: Co. Health Department — DATE SIGNED: 2/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 28, 1952 — NAME OF CEMETERY OR CREMATORY: Porter Cemetery — LOCATION (City, town, or county) (State): Hyndman, Pa. R.D.1

DATE REC'D BY LOCAL REG.: Feb 27 1952 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Harvey H. Eagles — ADDRESS: Hyndman, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01270

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke
LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 319 Fairview Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dpe
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke
STREET ADDRESS (If rural, give location) 319 Fairview Street

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) Paul (Last) Vivod

4. DATE OF DEATH: (Month) February (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 30 June 1883

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Paper Mill

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Vivod

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Ann Pall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-07-6017

17. INFORMANT AND ADDRESS: Joseph Vivod

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma Stomach — Interval between onset and death: 6 mo

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1-52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach with general Metastasis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1952, to Feb. 4, 1952, that I last saw the deceased alive on Feb. 4, 1952, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: P E Berry — (Degree or title) M. D. — ADDRESS: Piedmont W-Va — DATE SIGNED: 2/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9 Feb 1952 — NAME OF CEMETERY OR CREMATORY: St Peters Cemetery — LOCATION (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REG. Feb 8, 1952 — REGISTRAR'S SIGNATURE: Mrs Jos C. Kelly

24. FUNERAL DIRECTOR: L. S. Boal — ADDRESS: Westernport, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

61271

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hosp.	STREET ADDRESS (If rural give location) 324 Avirett Ave.,

3. NAME OF DECEASED (Type or Print)	(First) EDWARD	(Middle) PETER	(Last) WEGMAN	4. DATE OF DEATH	(Month) Feb. (Day) 15, (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Apr. 27, 1887	9. AGE last birthday 64 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water Dept. utilities	10b. KIND OF BUSINESS OR INDUSTRY Cumb. Water Dept.	11. BIRTHPLACE (State or foreign country) Cumberland, Md.	12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME Henry V. Wegman	14. MOTHER'S MAIDEN NAME Helen Mowery				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Edward J. Wegman Cumberland, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive cardio vascular disease	2 yrs.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adams-Stokes Syndrome	6 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Feb 15, 1952, that I last saw the deceased alive on Feb 15, 1952, and that death occurred at 9 42 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George M Simons	M.D.	Cumberland Md	2/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/18/52	NAME OF CEMETERY OR CREMATORY St. Marys' Burial Park	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. Feb. 17, 1952	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR H. Wayne George	ADDRESS Cumberland, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 26 1952
BUREAU W. S.

HODGES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4 — 01272

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD. — LENGTH OF STAY (in this place) 1 hr. 13 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, Rural
STREET ADDRESS (If rural, give location) RT. #5 FAIRGO

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) GIRL (Last) WHITNEY

4. DATE OF DEATH: (Month) (Day) (Year) February 9, 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Feb. 9, 1952

9. AGE last birthday: ✓ yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours ONE, Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MAYNARD J. WHITNEY

14. MOTHER'S MAIDEN NAME: TWILA V. COSNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Anencephalous — INTERVAL BETWEEN ONSET AND DEATH One hr. 13 min

750X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1952, to Feb. 9, 1952, that I last saw the deceased alive on Feb. 9, 1952, and that death occurred at 11:30 A.M. from the causes and on the date stated above.

SIGNATURE W. Royce Hodges, M.D. (DEGREE OR TITLE) ADDRESS Cumberland, Md. DATE SIGNED 2/10/52

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION — DATE THEREOF FEB 11, 1952 — NAME OF CEMETERY OR CREMATORY MEMORIAL HOSPITAL — LOCATION (City, town, or county) CUMBERLAND, MD. (State)

DATE REC'D BY LOCAL REG. Feb. 11, 1952 — REGISTRAR'S SIGNATURE Walter R. Frantz, M.D. — 24. FUNERAL DIRECTOR Memorial Hosp., Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH 01273

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1034 Bedford St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 1034 Bedford St.

3. NAME OF DECEASED (Type or Print): (First) Arsina (Middle) (Last) Wilkins
4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Aug.21-1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Inkerman, Hardy Co. W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Saville
14. MOTHER'S MAIDEN NAME: Jane Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: daughter) Sylvia Warnick, City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Toxemia due to uremia and a large gangerous-	about
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) decubital sacrol ulcer.	2 months
	(c)	

512X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Intertrochanteric fracture of left leg, Dec.20-1951

19a. DATE OF OPERATION: 12-22-1951
19b. MAJOR FINDINGS OF OPERATION: Fracture reduced, pined & cast.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 415 Chestnut St. porch — (CITY OR TOWN) Cumberland — (COUNTY) Allegany — (STATE) Md.
TIME (Month) (Day) (Hour) OF INJURY: about 4 Dec.20/51 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Slipped and fell on icy porch.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): H.V.Deming M.D. H.V.Deming M.D. — ADDRESS: Cumberland, Md. — DATE SIGNED: Feb.18-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 20 1951 — NAME OF CEMETERY OR CREMATORY: Asbury Cemetery — LOCATION (City, town, or county) (State): Fabus, Hardy Co, West Va.

DATE REC'D BY LOCAL REG: Feb 18 1952 — REGISTRAR'S SIGNATURE: Walter K. Hantz, M.D.

24. FUNERAL DIRECTOR: Meryl Combs, — ADDRESS: Romney, W. Va.

RECEIVED
FEB 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 3/21/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) Bedford & Decatur Sts. (corner

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) B. (Last) Willison
4. DATE OF DEATH (Month) 2 (Day) 7 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9/17/1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frederick Struckman
14. MOTHER'S MAIDEN NAME Mallanda Hartsock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No NC
17. INFORMANT AND ADDRESS Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia. (Left).	6-7 Days
490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	? —
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952 to 2/7, 1952 that I last saw the deceased alive on 2/6, 1952 and that death occurred at 4.20 A.m., from the causes and on the date stated above.

SIGNATURE James E. McLean (Degree or title) ADDRESS 49 Greene St. DATE SIGNED Feb 7th/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/10/1952
NAME OF CEMETERY OR CREMATORY Hill crest Cemetery
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REG. Feb. 7, 1952
REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.
24. FUNERAL DIRECTOR Harvey H. Tingler ADDRESS Hyndman Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
MARYLAND
LENGTH OF STAY (in this place) 29 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 424 Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 424 Franklin St.

3. NAME OF [redacted] (Type or Print) (First) Rose (Middle) (Last) Willison

4. DATE OF DEATH (Month) Feb (Day) 15 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Oct 16 1867

9. AGE last birthday 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Murley Branch Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Isaac Chaney

14. MOTHER'S MAIDEN NAME Henretta Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Hilda Willison - Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infirmities of Age — Interval between onset and death: 1½ yrs

1941 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 19 51, to Feb. 15, 19 52, that I last saw the deceased alive on Nov. 4, 19 51, and that death occurred at 10:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arthur F. Jones M. D. 1105 Centre St. Feb. 18, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb 18, 1952

NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

LOCATION (City, town, or county) (State) Cumberland Md

DATE REC'D BY LOCAL REG. Feb. 18, 1952

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS John J. Hafer Cumberland Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 26
BUREAU V. S.

Within corporate limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1276

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 2/15/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) (Last) Wilson
4. DATE OF DEATH (Month) 2 (Day) 17 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown
8. DATE OF BIRTH Unknown
9. AGE last birthday 60 Unknown yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~House~~
10b. KIND OF BUSINESS OR INDUSTRY ~~House~~ None
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? Unknown
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Myocarditis	?
	(c) Chronic Rheumatoid Arthritis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox & Simple Deterioration

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1952 to Feb. 17, 1952, that I last saw the deceased alive on Feb. 17, 1952 and that death occurred at 8:30 m., from the causes and on the date stated above.

SIGNATURE James E. McLean (Degree or title) ADDRESS 49 Greene St. DATE SIGNED Feb. 18/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 20 1952
NAME OF CEMETERY OR CREMATORY Allegany County Cemetery
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REG. Feb. 20, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz M. D.
24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland, Md.

RECEIVED
FEB 23
BUREAU V. S

Within corporate limits

DR. ENFIELD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1077 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CUMBERLAND

LENGTH OF STAY (in this place) 11 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bar CUMBERLAND Rural

STREET ADDRESS (If rural, give location) ROUTE # 5, Fairgo

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) K. (Last) WINDLE

4. DATE OF DEATH: (Month) FEBRUARY (Day) 20 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	DEC. 3, 1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Miner	Bituminous Coal	VIRGINIA, Woodstock	U.S.A.

13. FATHER'S NAME: EZRA WINDLE

14. MOTHER'S MAIDEN NAME: Virginia Fetzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
(3) No	232-03-2202	MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio Vascular Dis

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c) Benign Hypertrophy of Prostate

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 19 52, to 2-20, 19 52, that I last saw the deceased alive on 2-19, 19 52, and that death occurred at 5:55 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
M. F. Williams	M.D. Cumberland,	2-20-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/22/52	Hillcrest Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 22, 1952	Wilbur R. Mantz M.D.	H. Wayne George	Cumberland, Md.

VS/A15 8-51

RECEIVED
FEB 26 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01278

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 N. Water St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) R. F. D. 2,

3. NAME OF DECEASED: (Type or Print) (First) LaDonna (Middle) MARIE (Last) Winebrenner

4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 9/11/18
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Beryl, W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Homer Robinette
14. MOTHER'S MAIDEN NAME: Marie Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 3
16. SOCIAL SECURITY NO.: 214-07-3905
17. INFORMANT & ADDRESS: Robert Winbrenner, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Adenocarcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH: June 1950

156.1

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to February 28, 1952, that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

SIGNATURE Hinda Jane Walters Mick (DEGREE OR TITLE) ADDRESS M. D. Frostburg, Maryland DATE SIGNED Feb. 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-2-52
NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 2-29-52
REGISTRAR'S SIGNATURE Mrs Nancy N. Roe
24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

RECEIVED
MAR 3 1952
BUREAU V. S.

Within corporate limits

DR. HODGES **MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18** 01279

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, — LENGTH OF STAY (in this place): 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORTAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 10 COLUMBIA ST.

3. NAME OF DECEASED: (First) [illegible] (Middle) BABY (Last) GIRL Woolard

4. DATE OF DEATH: (Month) FEB (Day) 24 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
FEMALE	WHITE	BABY	2/23/52	1 DAY yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CUMBERLAND, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS WOOLARD
14. MOTHER'S MAIDEN NAME: BARBARA HARTLINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: MEMORTAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity
DUE TO
776X Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 19..., to Feb 24 52, that I last saw the deceased alive on Feb 24, 19 52, and that death occurred at 2:06 P.M., from the causes and on the date stated above.
SIGNATURE W. Royce Hodges, M.D. (DEGREE OR TITLE) ADDRESS Cumberland, Md. DATE SIGNED 2/25/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/26/52	Hillcrest Burial Park	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 25, 1952	Walter R. Frantz, M.D.	H. Wayne George	Cumberland, Md.

20232211263

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01289

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY: Allegany — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg

LENGTH OF STAY (in this place): 10 hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg - Rural

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) (Last) Ziler

4. DATE OF DEATH: (Month) February (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Infant

8. DATE OF BIRTH: Feb 6, 1952

9. AGE last birthday: ✓ yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 10, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frostburg, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L. Ziler

14. MOTHER'S MAIDEN NAME: Mary M. McAlpine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Alex McAlpine Lonaconing, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Premature Infant — DUE TO — Interval between onset and death: 10 hrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1952, to 2/6, 1952, that I last saw the deceased alive on 2/6, 1952, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

SIGNATURE: Earl Eugene Nye, M.D. — (DEGREE OR TITLE) — ADDRESS: Lonaconing Md — DATE SIGNED: 2/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 6, 1952 — NAME OF CEMETERY OR CREMATORY: Old Coney Cemetery — LOCATION (City, town, or county) (State): Lonaconing Md.

DATE REC'D BY LOCAL REG. 2-8-52 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Poe

24. FUNERAL DIRECTOR: M. Eichhorn — ADDRESS: Lonaconing, Md.

202(6) 2.191261

RECEIVED
FEB 16 1953
BUREAU V. S.